



STATE OF MISSOURI  
DIVISION OF PROFESSIONAL REGISTRATION  
**VERIFICATION OF PEDIATRIC MODERATE  
SEDATION REQUIREMENTS**

**PLEASE TYPE OR PRINT  
LEGIBLY IN BLACK INK**

MISSOURI DENTAL BOARD  
3605 MISSOURI BOULEVARD  
P.O. BOX 1367  
JEFFERSON CITY MO 65102-1367  
TELEPHONE: (573) 751-0040  
TTY: (800) 735-2966

**SECTION I – APPLICANT INFORMATION**

**Instructions:** Complete Section I and mail this form to the Postgraduate Program Director for verification of your having met the qualifications for a permit to administer pediatric moderate sedation.

NAME (FIRST, MIDDLE, LAST, SUFFIX, FORMER/MAIDEN)

MAILING ADDRESS

CITY

STATE

ZIP CODE

In order to obtain a permit to administer pediatric moderate sedation, the Missouri Dental Board requires that I submit evidence of my having completed an approved postgraduate program. You are hereby authorized to release any information in your possession pertaining to me, favorable or otherwise, directly to the Missouri Dental Board at the above address.

APPLICANT SIGNATURE

DATE

**SECTION II – TO BE COMPLETED BY POSTGRADUATE PROGRAM DIRECTOR**

NAME OF ADA-ACCREDITED POST-DOCTORAL PROGRAM DIRECTOR

1. DID THE APPLICANT SATISFACTORILY COMPLETE AN ADA-ACCREDITED POST-DOCTORAL TRAINING PROGRAM THAT IS A MINIMUM OF TWELVE (12) CONTINUOUS MONTHS IN LENGTH AND WHICH AFFORDS COMPREHENSIVE AND APPROPRIATE TRAINING NECESSARY TO ADMINISTER AND MANAGE MODERATE SEDATION IN PEDIATRIC PATIENTS WHICH INCLUDED THE FOLLOWING:

- a) A minimum of sixty (60) hours of didactic training in pain and anxiety control in pediatric patients;
- b) Successful management of moderate sedation in twenty (20) pediatric dental patients. Management shall be defined as responsible for all aspects of the sedation procedure from patient selection to patient discharge post sedation;
- c) General anesthesia training in which there is four (4) weeks documented clinical experience in airway management;

☐ Yes ☐ No (If no, please attach a detailed explanation.)

I further certify that the above named applicant has demonstrated competency in airway management and in pediatric moderate sedation.

☐ Yes ☐ No

PROGRAM DIRECTOR SIGNATURE

DATE